STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155355	A. BUILDING **01, 02, 03** B. WING _____	R **05/13/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST BEND NURSING AND REHABILITATION	**4600 W WASHINGTON AVE** **SOUTH BEND, IN 46619**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	{K 000}		

A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/15/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).

Survey Date: 05/13/16

Facility Number: 000246
Provider Number: 155355
AIM Number: 100275420

At this PSR survey, West Bend Nursing and Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 01 was surveyed with Chapter 19, Existing Health Care Occupancies.

This facility consists of three connected buildings: Building 01, a two story, fully sprinklered building of Type II (222) construction; Building 02, a one story, fully sprinklered building of Type V (000) construction with a partial basement and Building 03, a one story, fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a capacity of 157 and had a census of 90 at the time of this survey.

All areas where residents have customary access were sprinklered. All areas providing facility

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155355	A. BUILDING **01, 02, 03** B. WING _____	R **05/13/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST BEND NURSING AND REHABILITATION	**4600 W WASHINGTON AVE** **SOUTH BEND, IN 46619**

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{K 000}	Continued From page 1 services were sprinklered. Quality Review completed on 05/17/16 - DA A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/15/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/13/16 Facility Number: 000246 Provider Number: 155355 AIM Number: 100275420 At this PSR survey, West Bend Nursing and Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 01 was surveyed with Chapter 19, Existing Health Care Occupancies. This facility consists of three connected buildings: Building 01, a two story, fully sprinklered building of Type II (222) construction; Building 02, a one story, fully sprinklered building of Type V (000) construction with a partial basement and Building 03, a one story, fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a capacity of 157 and had a census of 90 at the time of this survey. All areas where residents have customary access	{K 000}		

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WEST BEND NURSING AND REHABILITATION	**4600 W WASHINGTON AVE** **SOUTH BEND, IN 46619**

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{K 000}	Continued From page 2 were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 05/17/16 - DA	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/15/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/13/16 Facility Number: 000246 Provider Number: 155355 AIM Number: 100275420 At this PSR survey, West Bend Nursing and Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 01 was surveyed with Chapter 19, Existing Health Care Occupancies. This facility consists of three connected buildings: Building 01, a two story, fully sprinklered building of Type II (222) construction; Building 02, a one story, fully sprinklered building of Type V (000) construction with a partial basement and Building 03, a one story, fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms.	{K 000}		

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{K 000}	Continued From page 3 The facility has a capacity of 157 and had a census of 90 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 05/17/16 - DA	{K 000}		